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TELEPHONE (312) 258-5500

SCHIFF HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

CONFIRMATION NO.: 5408

In application of: Steven J. Vornsand

Serial No.: 09/852,883

GROUP ART UNIT: 2614

Filed: May 11, 2001

EXAMINER: B. Yenke

For: CLOSED LOOP TELEVISION CONTROL SYSTEM

AMENDMENT RESPONSIVE TO 02/09/04 OFFICE ACTION

MAIL STOP AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

RECEIVED

APR 13 2004

Technology Center 2600

| CLAIMS AS AMENDED | | | | | | |
|---|--|-------|--|--|---|--------------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | (6) RATE | (7) ADDITIONAL FEE |
| TOTAL CLAIMS | * 16 | MINUS | ** 20 | X | () X 9.00 () X 18.00 | \$ |
| INDEP. CLAIMS | * 2 | MINUS | 3 | X | () X 43.00 (X) X 86.00 | \$.00 |
| Application amended to contain any multiple dependent claims not previously paid for. | | | | () YES () NO | () \$135.00 () \$270.00 ONE TIME | |
| | | | | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | \$.00 |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ month so that the period for response is extended to _____. A check in the amount of \$ _____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 26 0175. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ is attached.

☐ A check for \$ _____ accompanying IDS under 37 CFR 1.97(c) is attached

☐ A check for \$ _____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to Account No. 26 0175. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5774.

SCHIFF HARDIN LLP (Customer Number: 28574)

Patent Department

BY Trevor B. Joyce (25,542)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 6, 2004.

Trevor B. Joyce

NAME OF APPLICANT'S ATTORNEY

SIGNATURE

April 6, 2004

DATE